



NIGERIA

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Report on the Medical Services for the year 1940

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Report on the Medical Services for the Year 1940

I.—ADMINISTRATION

A.—STAFF

Sir Rupert Briercliffe retired during the year to take up responsible work in the West Indies and the vacant post of Director of Medical Services has not been filled.

2. The death of Dr J. L. Lochhead at Ibadan on the 18th of August, 1940, is recorded with deep regret.

3. About mid-year the First Field Ambulance proceeded overseas and later a second was formed, all qualified personnel being supplied from the department. In all, thirty members of the qualified staff have been seconded for military service and these comprise:—

- 1 Assistant Director of Medical Service
- 1 Senior Health Officer
- 1 Senior Medical Officer
- 1 African Surgical Specialist
- 2 Pathologists
- 3 Medical Officers of Health
- and 21 Medical Officers.

4. This depletion of staff has made the work of those remaining very much more arduous, but with the introduction of longer tours and shorter leave it has been possible to maintain services at normal level.

B.—LEGISLATION

LIST OF ORDINANCES, REGULATIONS, ETC., AFFECTING PUBLIC HEALTH ENACTED DURING THE YEAR 1940.

Serial No.	Date	Short Title	Provisions
6	4.4.40	<i>Ordinance</i> Vaccination (Amendment) Ordinance.	(1) Providing for only public Vaccinators to enter premises to vaccinate. (2) Definition of successful vaccination.
18	22.4.40	<i>Regulations</i> The Hospital Fees (Amendment) Regulations, 1940.	Fees to be paid by patients in or attending the Massey Street Dispensary, Lagos.
69	12.11.40	The Hospital Fees (Tuberculosis—Native) Regulations, 1940.	Making no charge for accommodation and maintenance for natives suffering from Tuberculosis.
7	5.3.40	<i>Orders-in-Council</i> The Births, Deaths and Burials (Mohammedan Cemetery at Oke Suna) Order, 1940.	Making the Mohammedan Cemetery at Oke Suna public burial ground for the Township of Lagos until 31.12.40.
25	13.8.40	The Births, Deaths and Burials (Enugu Cemeteries) Order-in-Council, 1940.	Declaring the African Infectious Diseases Hospital Cemetery and the African Cemetery Township public burial grounds for the Township of Enugu.

LIST OF ORDINANCES, REGULATIONS, ETC., AFFECTING PUBLIC HEALTH
ENACTED DURING THE YEAR 1940—*contd.*

Serial No.	Date	Short Title	Provisions
		<i>Orders-in-Council— contd.</i>	
27	20.8.40	The Public Health (Native Authorities Enabling) Order-in-Council, 1940.	Making sections 44, 45 and 46 of Public Health Ordinance applicable to the Protectorate as well as the whole or any part of a township in the Protectorate.
33	8.10.40	The Kafanchan Public Health Order-in-Council, 1940.	Kafanchan Plan No. 6156 delineated in yellow on plan.
36	29.10.40	The Sleeping Sickness (Declaration of Areas) Order-in-Council, 1940.	Areas declared as Sleeping Sickness Areas in Northern Provinces.
37	12.11.40	The Births, Deaths and Burials (Ilaro Cemeteries) Order-in-Council, 1940.	Declaring Christian Cemetery, Ilaro, Moham-medan Cemetery, Ilaro and Pagans' Cemetery, Ilaro, public burial grounds for the Area of Ilaro.
38	12.11.40	The Births, Deaths and Burials Ordinance.	Registration of births and deaths in Kano Sabon Gari Area.
		<i>Rules</i>	
1	12.1.40	The Public Health (Sleeping in non-residential buildings) Rules, 1940.	Forbidding sleeping in non-residential buildings.
13	17.12.40	The Public Health (Agbor Township Cattle) Rules, 1940.	Forbidding keeping and straying of cattle within Agbor Township.

C.—FINANCE

FINANCIAL YEAR 1939-40

Revenue

	£	s	d
Medical Receipts	8,961	5	0
Births and deaths registration fees	22	0	0
Fumigation and deratisation fees	42	7	1
Sale of departmental stores	1,137	10	8
Sale of anti-rabic vaccine	120	3	0
Sanitary dues under Quarantine Ordinance ...	1,067	19	0
	<hr/>		
		£11,351	4 9
<i>Reimbursements for services rendered:</i>			
Railway	21,128	0	0
Native Administrations	5,743	5	0
Lagos Town Council	2,876	18	5
	<hr/>		
		£29,748	3 5
	<hr/>		
		£41,099	8 2
	<hr/>		

Expenditure

						£	s	d
(a) Personal Emoluments	...	...	...	...	...	271,607	3	1
(b) Other Charges:—								

(1) MEDICAL

Maintenance and supplies:—

	£	s	d
Medical, surgical, dental, X-ray, equipment and laundry	34,775	2	6

Hospital Diets and Provisions:—

(a) Diets (Local)	£6,331	16	5
(b) Provisions (imported) £2,024	9	3	
Labour charges	14,783	15	11

(2) LABORATORY

Labour charges	633	14	3
Other expenditure	968	18	11

(3) HEALTH

Labour charges	17,744	3	8
Lagos Town Council—Contribution towards Health Services	8,048	0	0
Other expenditure	5,314	18	8

(4) GENERAL

Transport allowances	8,007	14	10
Transport—General	4,912	19	6
Transport—Railway	9,389	5	8
Other items under Other Charges ...	11,050	6	6

£123,985 6 1

£395,592 9 2

£ s d

(c) Special Expenditure:—

Laboratory and equipment for vaccine lymph	1,451	10	1
Other items under Special Expenditure	1,235	10	5

£2,687 0 6

Sleeping Sickness Service

						£	s	d
(a) Personal Emoluments	...	...	...	...	...	21,661	16	8
(b) Other Charges:—								

	£	s	d
Transport—General	1,353	11	11
Transport—Railway	1,793	1	4
Labour	1,853	12	4
Sleeping Sickness Drugs, etc.	2,310	4	1
Settlement Fund	8,611	5	1
Dispensary and Health Centres	1,274	14	1
Other items under Other Charges ...	5,265	4	11

£22,461 13 9

£44,123 10 5

II.—PUBLIC HEALTH

A.—GENERAL REMARKS

5. The mounting number of troops in Nigeria has greatly increased the work of the hospitals. Extensions to hospitals to provide for the increased number of in-patients are either completed or in process of construction. Nursing Orderlies to serve Military needs at a later date are being trained in many of the hospitals.

6. Despite marine losses our stores have been adequate and we have been able to provide the Army authorities with all necessary drugs and dressings. Adequate reserves have been built up in case of emergency.

7. What the effect on general health will be as a result of the extended tours now operative it is difficult to predict. It is a necessity in these abnormal times, but West Africa is not yet a suitable country for prolonged residence without leave.

8. As hospitals develop, and as the people in the backward areas come to rely more and more upon them, the need for more female nurses becomes ever more insistent and it has been the policy during the year to fill most nursing vacancies from female applicants. It will be several years before we have the requisite number of trained female staff to meet the demands for them, as in the past this has not received the consideration it deserved. The demand for midwives is also insistent and, although we have advanced a certain distance—in 1933 there were thirty-three Grade I and six Grade II Midwives, while in 1941 there are 113 Grade I and 180 Grade II—the numbers are still inadequate for the requirements of this vast country.

9. We contemplate at the end of hostilities putting into force massed organised attacks on the more prevalent diseases on lines analogous to the Sleeping Sickness Campaign. Yaws and venereal diseases call for concentrated action. The Senior Medical Officer, Kano Division, points out that of all cases diagnosed in that division during the year 27.5 per cent were cases of venereal disease,—and he draws attention to the steady increase: e.g., in Kano Station itself the percentage of venereal cases was 8.1 per cent in 1930, 16.6 per cent in 1935 and 22.1 per cent in 1940. It is obvious from these figures that only mass treatment on a thoroughly organised basis can hope to succeed.

B.—MEDICAL EDUCATION

10. The permanent staff of the School of Medicine consisted of the Principal, the Assistant Principal and the Technical Instructor. In addition, Medical Officers, one Education Officer and the Superintendent, Pharmacy School, lectured in professional subjects.

11. During 1940 the syllabuses in General Biology, Pharmacology (including materia medica and pharmacy), and Pathology (including bacteriology and parasitology) were revised.

12. The following table of graduates and students of the school is appended herewith:—

Old Course:

Medical Practitioners	...	...	...	20
Medical Assistants	...	...	...	6

New Course:

Medical students in the fifth year	...	5
Medical students in the third year	...	9
Medical students in the second year	...	6
Medical students in the first year	...	6

13. Statutory examinations were conducted by the Board of Medical Examiners in January, March, June, September and December.

14. The school was honoured by a visit in January, 1940, by Colonel Sir Richard Needham, C.I.E., D.S.O., M.D., F.R.C.P.E., D.P.H., a representative of the General Council of Medical Education and Registration of the United Kingdom. Sir Richard's visit coincided with the conduct of statutory examinations which he witnessed. He visited the Medical School and its associate institutions, and had two informal talks with the Board of Medical Examiners and members of the school staff in the Medical Library, Lagos. He expressed his views on the conduct of examinations and the development of medical education in Nigeria.

C.—SCHOOL OF PHARMACY

15. The staff consisted of the Superintendent, assisted by three Second-class Dispensers and one Science Master. During the year there were thirty-three pharmaceutical students in attendance for the Dispenser's Course, and twenty-six Dispensers for the Chemist and Druggist's Course. Of the latter, fourteen were admitted in January for a six months' course ending in June and a further twelve in July for a similar course.

16. Statutory examinations were held in June and December. A total of eight candidates succeeded in obtaining the Dispenser's Certificate, and nine candidates the Chemist and Druggist's Diploma.

17. During 1940, 1,844 "reputed quart" bottles of filtered hydnocarpus oil with four per cent creosote, and fifty-seven "reputed quart" bottles of ethyl esters with four per cent creosote were prepared and sent to the Medical Stores.

D.—LUNACY

18. The position in regard to the case of the insane remains as hitherto in that nowhere in the country is there accommodation which is either suitable or adequate. The problem is one which causes serious concern to this and the Prisons Department.

E.—GENERAL DISEASES

19. The following table gives the figures for the European hospitals for the last two years:—

Total cases treated			1939	1940
In-patients	...	...	1,511	2,142
Out-patients	...	...	8,688	11,440

Thus it will be seen that in-patients this year exceed those of 1939 by 41.7% and out-patients exceed those of 1939 by 31.0%. A study of earlier years reveals the fact that both out-patient and in-patient totals have been doubled in the last seven years.

20. The fact that so many European residents in Nigeria have joined the Forces and are living under very different conditions must account for a certain amount of this increase. It is however rather disquieting that among in-patients malaria should represent as high a percentage as 26.9 of all admissions. The diarrhoea-dysentery group remains almost stationary at eight per cent, while diseases of the skin account for 9.1% of admissions.

21. The general increase in departmental activity is also shown in the return for African in-patients and out-patients.

The figures for the last two years are:—

			1939	1940
In-patients	...	...	66,543	71,592
Out-patients	...	...	646,021	727,585

Among African in-patients we must again note the pre-eminent place taken by venereal disease with a percentage of 11.9. This is more than double the number of cases of malaria. The dysentery-diarrhoea group has a percentage of 4.5. One of the highest groups is that of pregnancy, accounting for 2,000 cases more than the malaria group. This is of great significance. Within the last seven years this group has more than doubled itself, *i.e.*, the class of case which was for years the most difficult to persuade to enter the hospitals is now coming forward voluntarily in great numbers. The extension of ante-natal work throughout the country is largely responsible for this changed outlook on the part of the women.

22. One disturbing feature is the large death rate from pulmonary tuberculosis. Of those admitted to hospital suffering from this complaint thirty per cent died. The majority of cases are seen in a very advanced condition, but it is also very evident that immunity to this disease has not been acquired.

23. Amongst out-patients, diseases of the skin and cellular tissues occupy first place—the ulcer group accounting for a large number. Malaria, helminthic diseases, the diarrhoea-dysentery group and venereal diseases are also common causes of attendance.

24. *Leprosy*.—The year has on the whole been one of steady advancement, although lack of money and increased cost as a result of the war have had a hampering effect. The general policy should be and is in most centres one of control. The Central Settlement *per se* cannot tackle this public health problem. Clinics radiating from the Central Settlement are doing good work; some have resident nurses, and from those clinics people are being discharged symptom free.

25. The Medical Superintendent of Uzuakoli reports that “in certain controlled areas full surveys have been done and all infectious cases segregated in model villages; further surveys are planned and soon it is hoped in the Bende Division alone to have a solid block of territory of roughly 400 square miles in all of which leprosy control will have been established.” Leprosy Inspectors are being trained who will co-ordinate leprosy control and general sanitation. These are ex-lepers—a point of importance, as the cured leper is the finest form of propaganda.

26. The leprosy problem in Nigeria is of the very greatest importance, but a firm foundation already exists on which we can build later when adequate funds become available.

F.—NATIVE ADMINISTRATION DISPENSARIES

27. The following figures clearly reveal the fact that these dispensaries are popular and supply a real need:—

		Northern Provinces		Southern Provinces	
		1939	1940	1939	1940
Cases treated	...	401,007	444,800	988,772	997,416
Attendances	...	1,925,951	2,121,108	3,291,042	3,411,337

III.—VITAL STATISTICS

28. Compulsory registration of births and deaths applies at Lagos, Kano, Calabar, Port Harcourt, Enugu, Aba and Minna. Various native authorities essay the recording of births and deaths in their areas, but, with one or two exceptions, their returns cannot as yet be considered as having much value in indicating the progress of the population. For public health activities in a tropical country only compulsory registration of births, deaths and burials under medical control can be of any real value.

29. These are the comparative vital statistics for Lagos township for the years 1939 and 1940:—

	1939	1940
Estimated population	160,700	163,000
Births (live)	4,980	5,341
Crude birth-rate	30.98	32.9
Corrected birth-rate	27.6	29.3
Deaths	2,508	2,669
Crude death-rate	15.6	16.4
Corrected death-rate	21.4	22.5
Deaths under 1 year	631	706
Infantile mortality rate	127	132.2
Still births	167	154
Rate of still births per 100 live births ...	3.4	2.9
Deaths from diseases of pregnancy and childbirth	42	45
Maternal mortality rate per 100 live births ...	8.4	8.4

30. Concerning infantile and maternal mortality, the Medical Officer of Health, Lagos, reports that 209 babies and seventeen mothers had died before the Health Visitors could visit the houses and remarks that many lives could be saved if the period allowed between births and their notification was considerably less than the twenty-one days permitted at present.

The pneumonias and pleurisy were responsible for 22.5% of the deaths at all ages during 1940 in Lagos.

IV.—HYGIENE AND SANITATION

I.—PREVENTIVE MEASURES

(i) *Mosquito and other Insect-borne Diseases*

(a) *Malaria.*

31. In Lagos, through post-mortems the Pathologist found that malaria was the cause of deaths of seventy-two out of 520 children aged three years and under. In twenty-five instances the malaria was of the cerebral type. As Lagos is more fortunate in its medical facilities than the vast extent of the country, malaria must take a much heavier toll of young life all over, and will continue catastrophic to infancy till education—especially female education—is general enough to make simple protective measures against mosquitoes in the homes a common precaution.

(b) *Yellow Fever.*

32. Two fatal cases occurred, one at Ibadan and the other at Warri. Although anti-yellow fever inoculation has been a great boon, war conditions have lessened its accessibility. Further, the duration of its immunising property is still uncertain and for these two reasons segregation is still as important an anti-yellow fever measure as ever.

(c) *Typhus Fever.*

33. One case of tropical typhus was reported from Lagos.

(d) *Trypanosomiasis.*

34. A special report is given as an appendix for the Sleeping Sickness Service.

(ii) *Epidemic Diseases*

(a) *Smallpox.*

35. 3,298 cases and 422 deaths were notified, a death rate of approximately thirteen per cent. Over a million vaccinations were performed during the year with a probable success rate of about sixty-five per cent.

(b) *Cerebro-spinal Fever.*⁵⁷

36. 130 cases and ~~seven~~ deaths were notified, but, as with other infectious diseases, dilatoriness in notification or no notification at all by Native Authorities leads to many preventable deaths, *e.g.*, the Medical Officer, Yola, in his Annual Report for 1940, the first intimation of the occurrence, mentions an epidemic of cerebro-spinal fever at Zinna "with a total of some 2,000 deaths." Such post-event reports emanating from backward areas must be treated with considerable reserve, as normally they are most inaccurate and grossly exaggerate the true course of events.

(c) *Enteric Fever.*

37. Forty-seven cases were notified during the year.

(d) *Dysentery.*

38. The Senior Health Officer reports that the dysenteries, with 4,449 known cases and 375 known deaths, were the principal causes of morbidity and mortality from infectious disease in the Eastern Provinces. The reported death rate is presumed with good reason to be considerably less than the actual one. In the Aro-Chuku area of the Calabar Province to which special staff was sent house inspections discovered 780 cases and 337 deaths.

(e) *Yaws.*

39. The proposed drive against yaws must await the termination of hostilities and grants from the Imperial Government.

(iii) *Other Diseases*

(a) *Tuberculosis.*

40. 1,012 cases of all forms of tuberculosis were notified during the year. 291 of these ended fatally. Tubercular infections were responsible for 8.5% of the African deaths in Lagos.

(b) *Pneumonias.*

41. 2,410 cases with 805 deaths were reported during the year. Broncho-pneumonia was found by autopsies to have caused 277 (55.4%) of the deaths of 500 children of three years and under who died in Lagos in 1940. Lobar pneumonia was responsible for twenty-six of their deaths (5.2%), so the pneumonias were responsible for almost two-thirds of these infant deaths.

If such can occur in Lagos, infantile mortality from respiratory diseases throughout the country must be very heavy. The sulphonamides render great service at points where patients can be admitted to hospital, but these are mere 'islands' in the expanse of disease, so here, as in all other cases, the real 'cure' is prevention through social uplift.

(c) *Undulant Fever.*

42. One case was diagnosed at Sokoto and confirmed serologically; likewise two cases at Gusau.

(d) *Rabies.*

43. Four fatal cases of hydrophobia were reported, and rabies in dogs was confirmed by pathologists fourteen times. Here, as in other cases, the numbers are merely an indication of the widespread presence of a disease, while for a variety of reasons, not the least being shortage of skilled staff and equipment, preventive measures, which are under review, cannot in present circumstances do more than attempt to keep the disease under control.

(iv) *Helminthic Diseases*

44. Round worm, hookworm, schistosomiasis and guinea worm are commonly found. In 1940 as in previous years there was a general increase in the provision of sanitary structures and improvement of water supplies where funds were available, but helminthic diseases will loom largely among the disabilities of the people till they know the *causes* of them and can avoid them by their own efforts.

II.—GENERAL MEASURES

(a) *Sewage Disposal.*

45. “Composting” has been successfully introduced into some places, particularly Kano where it is being carried out on a large scale. This most natural process of reduction of human wastes by little effort is likely to be enthusiastically received by farmers, who have shown at Kano that they are well aware of the fertilising value of the product. Elsewhere new public latrines—“bucket” and fly-proof pits—have been built.

(b) *Refuse Disposal.*

46. Incineration is still the main method of disposal of refuse wherever sanitary personnel is stationed and several new simple incinerators have been built during the year.

Reclamation of swampy lands by controlled dumping of refuse continues at Lagos, Kano and elsewhere.

(c) *Water Supplies.*

47. (i) Improvements continued as money was available to make them.

(ii) The Geological Department has during the year constructed wells in the following Emirates, Sokoto (24), Kano (6), Kazaure (4), Katsina (5), Bornu (1), and in the Owerri (15) and Aba (25) divisions of the Owerri Province. The Sleeping Sickness Service have had twenty-four wells put down in the Zaria and Kano Provinces.

III.—SCHOOL HYGIENE

48. At various places during the year Medical Officers have carried out school medical inspections, and they and Sanitary Superintendents have given lectures on hygiene to teachers and pupils. Some progress in the institution of model sanitary structures in school compounds is noted, but on the whole there remains much room for improvement in the provision and use of simple sanitary conveniences.

IV.—LABOUR CONDITIONS

49. In the tin mining areas, with few exceptions, the sanitation of labour camps has been maintained at a reasonable level considering the contrasts mines managements can make between any of the mining villages and the uncontrollable, insanitary ‘traders camps’ which border on, and may even infiltrate into, the labour lines.

50. The larger of the camps in the gold-mining areas are the more settled ones and in these sanitary conditions are fair to good considering that the owners have until recently been for the most part left to their own devices. With most of the labour of the ‘tributor’ type it is not surprising that in some instances mines owners are reluctant to instal expensive improvements in camps which might be abandoned without much warning. Good ‘temporary camp’ standards would be sufficient in most cases, but many of the smaller ‘seasonal’ camps make little attempt to attain any sort of sanitary order.

V.—AFRICAN HOUSING

51. The United Africa Company's labour lines in the Sapele area and at Burutu set a standard of housing of labour far in advance of that provided for the permanent employees of other organisations, Government or commercial. For these the housing provided is often not one whit better than the customary poor housing of the majority of the population. The movement, through building rules and the development of new layouts, to raise the standard of housing has proceeded further in many areas during the year, but not so far as it would have done if the times had been normal. Shortage of materials in particular has been a big handicap. In Lagos high costs and scarcity of essential building materials somewhat hindered slum clearance progress.

VI.—FOOD IN RELATION TO HEALTH AND DISEASE

52. The Medical Officer of Health, Lagos, reports that cases of avitaminosis have been more commonly found than usual among day scholars especially in elementary schools. This may possibly be due to the rise in price of local food-stuffs consequent on greater demands for available supplies. There are indications in other reports that in some places the price of essential foodstuffs may go beyond the reach of the poorer classes. Though no gross examples of food deficiency diseases have been reported, there is abundant evidence in the way of perleche, etc., of the general poor quality of living.

VII.—TRAINING OF HEALTH PERSONNEL

53. Thirty-nine Sanitary Inspectors and Sanitary Overseers passed out of the training schools at Kano, Ibadan and Zaria during the year, while thirty students began their training.

V.—PORT HEALTH WORK AND ADMINISTRATION

54. The port of Warri was declared an infected place in July, 1940, owing to the presence there of yellow fever. No instance of infectious diseases was reported on the ocean-going vessels using the Nigerian ports. Aircraft using the anti-amaryl aerodromes were regularly attended to.

55. One hundred and seventy-one cases of venereal diseases, mainly gonorrhœa, were treated at the Seamens Clinic, Apapa, and 4,448 seamen of different nationalities took advantage of the prophylactic facilities provided there.

VI.—MATERNITY AND CHILD WELFARE

56. Good progress continues with maternal and child welfare work especially in the South. African labour cases increased from 5,165 in 1939 to 6,838 cases in 1940.

57. The Ondo Province is an outstanding example of what can be accomplished in a few years by an enthusiastic Medical Officer backed by a sympathetic administration. There, three new maternity centres were established during the year and the twelve centres with their seventeen midwives now practically cover the needs of the whole province. Deliveries rose from 920 in 1939 to 1,549 in 1940.

58. At Aba about half the women who attend ante-natal clinics seek admission to hospital for their confinements.

59. As more trained midwives become available,—and it is to be hoped that their numbers will progressively and substantially increase,—African women will in many other places be just as ready to appreciate a good midwifery service, the foundation of maternity and child welfare work. There were 10,182 attendances at the 204 infant welfare clinics held in Lagos during 1940.

RETURN OF DISEASES AND DEATHS FOR THE YEAR 1940

EUROPEANS AND AFRICANS

Disease	Total In-patients treated	Total Deaths in In-patients	Total Out-patients	Total Deaths in Out-patients
1. (a) Typhoid fever	15	—	3	—
(b) Paratyphoid fever	16	3	2	—
2. Typhus	3	—	—	—
3. Relapsing fever	2	1	—	—
4. Undulant fever	4	1	—	—
5. Smallpox	256	31	139	3
6. Measles	110	—	323	—
7. Scarlet fever	3	—	4	—
8. Whooping cough	84	6	466	1
9. Diphtheria	2	—	1	—
10. Influenza :—				
(a) with respiratory complications	46	—	345	—
(b) without respiratory complications	—	—	—	—
11. Cholera	—	—	—	—
12. Dysentery :—				
(a) Amoebic	1,186	68	2,592	—
(b) Bacillary	188	40	141	—
(c) Unclassified	559	53	3,236	—
13. Plague :—				
(a) Bubonic	—	—	—	—
(b) Pneumonic	—	—	—	—
(c) Septicaemic	—	—	—	—
14. Acute poliomyelitis	4	—	10	—
15. Encephalitis lethargica	3	—	3	—
16. Cerebro-spinal fever	66	27	12	—
17. Rabies	6	3	1	—
18. Tetanus	142	59	35	—
19. Tuberculosis of the respiratory system	682	223	883	—
20. Other tuberculous diseases ..	236	37	271	—
21. Leprosy	333	5	972	—
22. Venereal diseases :—				
(a) Syphilis	4,923	62	15,116	—
(b) Gonorrhoea	3,073	22	17,658	—
(c) Other venereal diseases ..	683	2	2,186	—
23. Yellow fever	3	2	—	—
24. Malaria :—				
(a) Benign	5	1	13	—
(b) Subtertian	2,184	45	22,295	—
(c) Quartan	10	2	170	—
(d) Unclassified	2,120	60	32,782	4
25. Blackwater fever	30	4	17	—
26. Kala-azar	—	—	—	—
27. Trypanosomiasis	1,003	69	2,248	1
Carried forward	17,980	826	101,924	9

Disease	Total In-patients treated	Total Deaths in In-patients	Total Out-patients	Total Deaths in Out-patients
<i>Brought forward</i>	17,980	826	101,924	9
28. Yaws	450	3	36,566	30
29. Other protozoal diseases ..	—	—	—	—
30. Ankylostomiasis	1,852	10	2,391	—
31. Schistosomiasis	803	9	1,126	—
32. Other helminthic diseases ..	1,822	6	47,755	—
33. Other infectious or parasitic diseases	987	50	4,835	—
34. Cancer and other tumours :—				
(a) Malignant	123	24	60	—
(b) Non-malignant	554	26	948	—
(c) Undetermined	157	14	198	—
35. Rheumatic conditions	855	2	49,257	—
36. Diabetes	51	3	59	—
37. Scurvy	5	—	18	—
38. Beriberi	53	13	184	—
39. Pellagra	9	—	363	—
40. Other diseases :—				
(a) Nutritional	42	2	1,533	—
(b) Endocrine glands and general	162	7	1,255	—
41. Diseases of the blood and blood- forming organs	1,052	90	1,482	1
42. Acute and chronic poisoning ..	46	11	10	—
43. Cerebral haemorrhage	249	47	250	—
44. Other diseases of the nervous system	996	118	5,500	1
45. Trachoma	19	—	87	—
46. Other diseases of the eye and annexa	1,128	1	16,970	—
47. Diseases of the ear and mastoid sinus	225	1	13,417	—
48. Diseases of the circulatory system :—				
(a) Heart	644	157	1,155	1
(b) Other circulatory diseases ..	1,355	41	5,658	—
49. Bronchitis	1,737	52	52,345	14
50. Pneumonia :—				
(a) Broncho-pneumonia	884	223	433	5
(b) Lobar-pneumonia	1,477	247	351	1
(c) Otherwise defined	—	—	—	—
51. Other diseases of the respiratory system	712	26	7,777	—
52. Diarrhoea and enteritis :—				
(a) Under 2 years of age ..	93	9	2,172	8
(b) Over 2 „ „ „ ..	1,424	114	36,927	—
53. Appendicitis	146	9	93	1
54. Hernia, intestinal obstruction ..	3,508	115	2,102	—
<i>Carried forward</i>	41,600	2,256	395,201	71

Disease	Total In-patients treated	Total Deaths in In-patients	Total Out-patients	Total Deaths in Out-patients
<i>Brought forward</i>	41,600	2,256	395,201	71
55. Cirrhosis of the liver	74	21	26	—
56. Other diseases of the liver and biliary passages	528	55	717	—
57. Other diseases of the digestive system	2,150	83	78,403	1
58. Nephritis :—				
(a) Acute	129	18	246	—
(b) Chronic	262	56	208	—
59. Other non-venereal diseases of the genito-urinary system	5,108	98	51,605	—
60. Diseases of pregnancy, childbirth and the puerperal state :—				
(a) Abortion	507	8	576	—
(b) Ectopic gestation	388	2	23	—
(c) Toxaemias of pregnancy ..	326	22	201	—
(d) Other conditions of the puer- peral state	4,531	79	233	—
61. Diseases of the skin, cellular tissue, bones and organs of locomotion	10,743	171	141,101	—
62. Congenital malformation and diseases of early infancy :—				
(a) Congenital debility	360	84	1,910	—
(b) Premature birth	102	46	10	—
(c) Injury at birth	54	19	4	—
63. Senility	45	16	139	—
64. External causes :—				
(a) Suicide	16	5	1	—
(b) Other forms of violence ..	6,276	239	63,307	4
65. Ill-defined	535	34	5,114	1
Total	73,734	3,312	739,025	77

APPENDICES

APPENDIX A

LABORATORY SERVICE

A general increase in routine work has occurred together with heavier demands for vaccine output. During the year 34,000 c.cs. anti-rabic, 24,893 tubes lanolated anti-variolar and 15,000 c.cs. T.A.B. vaccines have been issued.

The investigation into child mortality has been continued and 535 autopsies have now been carried out.

A virulent strain of *C. diphtheria* was isolated on two occasions in Lagos and the presence of undulant (Malta) fever has been bacteriologically established in three cases, all of which occurred in the Northern Provinces.

Classes in pathology to medical students were maintained.

The presence of plasmodium ovale was noted in one case in Lagos and in numerous cases in Ilorin where the diagnosis was made independently by the Medical Officer and subsequently confirmed at the Medical Research Institute.

APPENDIX B

REPORT OF THE SLEEPING SICKNESS SERVICE, 1940

During the latter half of the year there were further reductions in the Sleeping Sickness Service's activities partly as a war economy and partly so as to release staff for military service. Only one sleeping sickness team is being kept at work; in Benue Province. The reduction in the infection rate in a great part of the Northern Provinces has made it possible to stop surveys and mass treatment and to rely on the permanent treatment facilities provided by chains of sleeping sickness dispensaries. The dispensary system is being still further expanded and improved.

During the year 278,611 people were examined and 19,596 cases were found. These together with about 10,000 cases treated at sleeping sickness dispensaries and about 3,000 at general medical stations give a total of about 33,000 cases treated for the year. The majority of the new surveys were done in Benue Province, the average infection rate being 9.7%. The re-survey of areas previously treated gave an average infection rate of 1.7%.

The general medical and health work at the sleeping sickness dispensaries is being improved. A number of dispensaries have been enlarged and model compounds built for the African staff. Where possible, second attendants, specially trained in general medicine and health work at the Zaria School of Hygiene, are being posted to work not only at the dispensaries, but in the towns and neighbouring hamlets. In Benue Province members of the sleeping sickness staff have been posted to thirteen of the existing Native Administration dispensaries in order to provide treatment for sleeping sickness in all parts of the province which have been dealt with up to the present. The Sleeping Sickness Medical Officer in charge is also testing experimental drugs sent from England for trial.

The high incidence of the disease among labour in Kabba, Ilorin and Niger goldfields makes it necessary to extend to those areas the system of control which has operated successfully in the Southern Division of Plateau Province for some years.

To complete, before April, 1941, the transfers of population already planned, the staff remaining after the many secondments for military service has had to pursue very actively the work of population re-settlement in the Anchau corridor of Zaria Province. The scheme goes on to a maintenance basis as from April, 1941.

A considerable part of the corridor has been made completely free from tsetse fly. People who moved into the new villages early in the year have settled down well. Every effort is being made to improve their living conditions and general health.

A Veterinary Camp has been established at Anchau for the inoculation of cattle against rinderpest and blackwater. This has been a great success and it is hoped that it will help in attracting Fulani cattle owners into the large areas of valuable grazing ground which have been made safe for cattle. A unit for manufacturing clarified butter fat is being built. The resultant market for milk should be an additional attraction to cattle owners.

Arrangements have been made for breeding 'Large White' pigs. It is hoped that, later on, a pig breeding industry may be started among the pagan sections of the population.

The sugar industry is being fostered. An attempt is being made to develop the growing of English potatoes as a new local industry. Arrangements have been made to introduce pure bred poultry into the corridor, in order to improve the existing native stock. The local cotton weaving industry is being encouraged by the purchase of considerable quantities of native made bandages.

The communal clearing campaign in parts of Katsina Emirates has been continued. The completion of 233 miles of clearing near villages, watering places and fords should result in the bulk of 128,000 people affected being now safeguarded from contracting sleeping sickness near their home.

